

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87)

SERIAL NO.

FILING DATE

APPLICANT'S

CLAIMS

NO.	AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE	
	NO.	O.F.	NO.	O.F.	NO.	O.F.
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TOTAL NO.						
TOTAL O.F.						
PTO FORM						

NO.	O.F.		NO.	O.F.	
	NO.	O.F.		NO.	O.F.
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TOTAL NO.					
TOTAL O.F.					
TOTAL					